



# Declaration for Nomination and Oath of Candidacy

FOR FILING OFFICE ONLY

Filed this 19th day of June, 2023  
 Document # \_\_\_\_\_  
 Fee paid:  cash  check  credit  
 By: Macay R. Bohlen  
 Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Town of Bridger City Council  \_\_\_\_\_ OR  Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Clifford Shultz

Mailing Address: PO B ox 51 City and State: Bridger, MT Zip Code: 59014

Residence Address: 114S 4th St City and State: Bridger, MT Zip Code: 59014

County of Residence: Carbon Contact Phone: 406-208-9823 Email Address: csshultz9@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

Candidate Filing Fee, if applicable, in the amount of \$ 15.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Clifford Shultz  
 Signature of Candidate

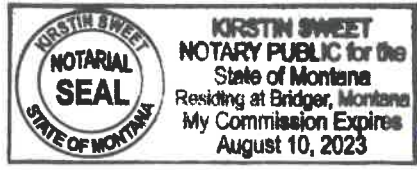
06-19-2023  
 Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana  
 County of Carbon  
 Signed and sworn to before me this 19 day of June, 2023 by \_\_\_\_\_

**Where to file Federal, Statewide, State District and Legislative offices:**  
 Montana Secretary of State  
 P.O. Box 202801  
 State Capitol Building, 1301 E. 6th Ave  
 2nd Floor, Room 260  
 Helena, MT 59620  
 Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
 Fax: 406-444-2023

**Where to file County, City and most Local District offices:**  
 County Election Office  
 A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)



Clifford Shultz  
 Printed Name of Candidate

Kristin Sweet  
 Signature of Notary or Public Official

[SEAL/STAMP]

**LORI LYNDE**  
**CARBON COUNTY TREASURER**

PO BOX 828  
RED LODGE, MT. 59068

**Cash Receipt:** Printed 10:16:12 - 06/19/23  
**Operator:** Robert Kramer  
**Posted:** 06/19/23

**Batch:** 25943  
**Transaction:** 3  
Received: 06/19/23 10:16:11 AM AP: 6/23

**Description** **Total**

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**Reference #:** SHULTZ ELECTION FEE  
**Name:** Shultz Election Fee

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1000-341042	ELECTION FEES	15.00
Fund 1000	Acct 341042	

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<b>Check #</b> 6609	15.00
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**Cash Paid**

**Credit Paid**

**Less Change Given**

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<b>TOTAL:</b>	15.00
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